



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

**WASHINGTON STATE BOARD OF PHARMACY**  
**MEETING MINUTES**

**December 13-14, 2007**

Department of Health  
20435 72<sup>nd</sup> Avenue Ste 200  
Kent, Washington 98032  
Board Office: (360) 236-4825

**CONVENE**

Chair Rebecca Hille called the meeting to order at 9:03 a.m. on December 13, 2007.

**Board Members present:**

Gary Harris, RPh, Vice-Chair  
Dan Connolly, RPh  
George Roe, RPh  
Rosemarie Duffy, RN – Public Member  
Susan Teil-Boyer, RPh  
Vandana Slatter, PharmD

**Guests/Presenters:**

John Prete, NW Health Systems  
David Rose, Kent Community Health Svcs  
John Worthington  
Steve Sarich  
Andre Rossi, Department of Corrections

**Staff Members present:**

Steven Saxe, Executive Director (Acting)  
Lisa Salmi, Executive Manager  
Joyce Roper, AAG Advisor  
Kristi Weeks, Staff Attorney  
Grant Chester, Chief Investigator  
Joseph Honda, Pharmacist Investigator

Tim Fuller, Pharmacist Consultant  
Cathy Williams, Pharmacist Consultant  
Grace Cheung, Pharmacist Investigator  
Susan Perrini, AAG Prosecutor  
Doreen Beebe, Program Manager

**Mission Statement**

The mission of the Board of Pharmacy is to achieve the highest standards in the practice of pharmacy, to promote public health and safety and to effectively communicate with the Governor, Legislature, the Department of Health, the public and profession.

**Vision Statement**

The Washington State Board of Pharmacy leads in creating a climate for the patient-focused practice of pharmacy.

Pharmacists inform, educate, consult, manage drug therapy and provide products as an integral part of an accessible, quality –based health care system.

As an outcome, the citizens of Washington State:

- Are well informed about medications;
- Take responsibility for their health;
- Utilize pharmacists and other health care providers appropriately; and
  - Experience the highest level of health and wellness.

*Special Announcements:*

Grant Chester presented Pharmacist Investigator Joseph Honda with a plaque in recognition and appreciation for his dedicated service to the Board and the people of Washington State. Mr. Honda will retire on December 13, 2007 after 23 years of service as a Board Member and Investigator.

Gary Harris presented Executive Manager Lisa Salmi with a proclamation from Governor Gregoire declaring December 13, 2007 “Lisa Salmi Day” for her contributions to the Board of Pharmacy and service with distinction.

**CONSENT AGENDA**

- 1.2** Pharmacy & Other Firm Application Approval  
New and Closed Firms – 10/1/2007 – 11/26/2007
- 1.4** Pharmacy Tech Training Program Approval
  - 1. Julia Nguyen – Oregon State University
  - 2. Kriss Bradley – Technology Development Center - Ventura CA
  - 3. Gale Erie – CBS Pharmacy - Chicago IL
  - 4. Kathryn Martinez – National Institute of Technology – San Antonio TX
  - 5. Marcia Stevens – Northwest Medical Center – Tucson AZ
  - 6. Benjamin Callo – School of Continuing Education – Anaheim CA
  - 7. Saulla Goldshmid – Opportunities for a Better Tomorrow – Brooklyn NY
  - 8. Western State Hospital
- 1.5** Collaborative Drug Therapy Agreement Acceptance
  - 1. Community Health Care Pharmacy, Lakewood – Refill – Various Pharmacists
  - 2. Jim’s Pharmacy , Port Angles – Hepatitis B – Joe Cammack
- 1.8** Board Minute Approval - October 25, 2007

Items listed under the consent agenda are considered to be routine agency matters and will be approved by a single motion of the Board without separate discussion. Items 1.1, 1.3, 1.6 and 1.7 have been deleted from the agenda. **ACTION:** George Roe moved that the Board approve items 1.2, 1.4, 1.5 and 1.8 from the consent agenda. Susan Teil-Boyer second. **MOTION CARRIED.** 6-0.

**RULES HEARING WAC 246-856-030 - Delegation of Authority to Initiate Investigations**

The Board will hear and consider public testimony in its deliberations regarding proposed rules that would allow the Board to delegate to a Department of Health Case Management Team the authority to initiate investigations of specific category of complaints.

Doreen Beebe presented background and a summary of proposed rules - WAC 246-856-030.

In 2003, the Board of Pharmacy adopted a policy to delegate its authority to review complaints for closure or referral to investigations to a department case management team (CMT). The delegation to CMT was limited to specific categories of complaints named in policy. The process eliminated a significant workload for board members and decreased the time needed to move complaints from assessment to the investigative phase. The process assisted the board to further its mission to protect the health, safety and welfare of the people of Washington.

In August 2005, the Washington State Division One of the Court of Appeals issued its decision in the matter of Clients A&B v. Yoshinaka. The decision arose out of a Psychology Board investigation where the complaint was referred to investigations by Department of Health staff.

The court concluded that the Board's authority to investigate could not be delegated to department staff through oral delegation or policy, only through the adoption of rules.

The proposed rule provides that the Board of Pharmacy will delegate to a DOH case management team the authority to decide whether to begin an investigation for specific types of complaints. Complaint types not listed in the rule must be considered by a panel of the board for investigation. The proposed rule states that the CMT must, at a minimum, include the executive director or his or her designee, a pharmacist investigator and a staff attorney.

The Rules Hearing was divided into two parts: Questions and answer session and public comments.

Board members discussed comments and questions raised during the written public comment period.

- Does the Board have authority to delegate its powers?
- Did the court limit the board's ability to delegate only when a complaint warranted an immediate investigation?
- The language is too broad and unclear.
- The court stated a rule that delegates the board's authority, must balance the substantial privacy and confidentiality interest of health professionals and their patients with the state's interest in protecting the public. Health professionals and patients must be provided the ability to challenge specific document requests made by the state.

The nature of the delegation and the composition of the case management team seem to be of greatest concern. Joyce Roper shared that the Medical Quality Assurance Commission has adopted similar delegation rules; however, they have included a commission member as part of their CMT. In addition, Joyce Roper clarified that the court did not state that delegation could only occur with regards to complaints involving "real danger."

Susan Teil-Boyer shared that the process followed under the old board policy was effective and she acknowledged the difficulty presented in facilitating weekly complaint review panels.

Lisa Salmi clarified that under the proposed rule the CMT would not be able to make a decision on a complaint without the presence of a pharmacist staff member (Executive Director and Pharmacist Investigator). Gary Harris suggested that involvement of a board member would be beneficial to the process.

The Chair opened the hearing to public testimony – none was given.

#### Summary of Written Comments/Response

**Public comment:** The rule language is too general and unclear. Do all complaints initiate an investigation?

**Board's response:** To clarify the intent of the rule, the board amended the proposed rule language by stating "the board delegates the decision whether to initiate an investigation..."

**Public comment:** Complaints and investigations should be addressed by pharmacists.

**Board's response:** The Board feels it is imperative that a pharmacist be involved in the process of assessing complaints for possible investigation. The proposed rule ensured professional oversight

by including the Executive Director, who by statute must be a pharmacist and a pharmacist investigator. The Board also amended the proposed rule by adding a Board member to the case management team.

**Public comment:** Delegating this authority to a case management team within the department of health will result in reduced transparency and less public accountability.

**Board's response:** Acknowledging the importance of the board's role in the complaint and disciplinary process, the board amended the proposed rule adding a board member to the case management team.

**Public comment:** The board does not have the statutory authority to delegate its functions.

**Board's response:** RCW 18.130.050(1) of the Uniform Disciplinary Act, states that the disciplining authority has the authority to adopt, amend, and rescind such rules as are deemed necessary to carry out this chapter.

**Public comment:** The rule does not address an educational component – not all complaints warrant a disciplinary action.

**Board's response:** The proposed rule only speaks to the process on who may decide to move a complaint from assessment to investigation. The rule does not address the investigative or disciplinary process. No changes were made to the proposed rule as a result of this comment.

**Public comment:** The proposed rule is not in compliance with court's opinion unless delegation is limited to cases where on the face of the complaint, immediate investigation is necessary to protect the public.

**Board's response:** The court decision did not limit delegation by rule to complaint where immediate investigation is deemed necessary for the protection of the public.

**Public comment:** The court stated a rule that delegates the board's authority, must balance the substantial privacy and confidentiality interest of health professionals and their patients with the state's interest in protecting the public. Health professionals and patients must be provided the ability to challenge specific document requests made by the state.

**Board's response:** The Board did not address this concern in its deliberation of the proposed rule citing that this issue can be addressed at a later time.

**ACTION:** Rosemarie Duffy moved that the proposed rules be amended to clarify that the delegation pertains specifically to the decision to investigate and the CMT must include a board member. George Roe second. **MOTION CARRIED.** 5 – 1. Dan Connolly opposed.

The adopted rule varies from the content of the proposed rule. The general subject matter of the adopted rules remains the same as the proposed rule. The changes will be described and the principal reasons for adopting the changes will be filed with the code reviser. Within sixty days of publication of the adopted rule, any interested person may petition the board to amend any portion of the adopted rule that is substantially different from the proposed rule.

## **REPORTS**

### **Executive Manager**

*Lisa Salmi reported:*

- Ms. Salmi welcomed Grant Chester, who was recently appointed Chief Investigator. Mr. Chester previously worked with the board from August 1989 to October 2003 as an

investigator assigned to Southwest region and Deputy Executive Director/Operations Manager.

- Grant Chester, Stan Jeppesen, Steven Saxe and Ms. Salmi met with representatives of the Pharmaceutical Household: A Return Mechanism (PH:ARM) coalition to discuss legislation being proposed for household pharmaceutical take-back programs.
- Ms. Salmi represented Health Systems Quality Assurance at the department's Emergency Operations Center.
- Grant Chester obtained a waiver for the Centralia/Chehalis area pharmacies to refill maintenance schedule III-V controlled substances prescriptions for patients displaced by flood waters.
- Staff has trained on the department's single complaint process. The new procedure provides for coordination among programs and divisions when multiple practitioners or facilities are involved in a single complaint allegation. At this time, the processing is being coordinated by one individual within the department.
- Pharmacy program participating in ILRS end-to-end testing. The new licensing/disciplinary computer system is scheduled to go live mid-February.
- The department's Injury Prevention program is applying for grants through the Attorney General's Purdue Frederick settlement. The grant will be used to provide pharmacies with educational materials for patients on the proper disposal of narcotics. The brochures will be used by those pharmacies not participating in the Substance Abuse and Mental Health Services Administration (SAMHSA) pilot project or for those pharmacies after the pilot has concluded. The SAMHSA project is a twenty-six week pilot that began in Washington on November 1<sup>st</sup> targeting patients with prescriptions with Hydrocodone, Oxycontin, Benzodiazepines and sleep aids. Forty percent of retail pharmacies in Washington are estimated to be participating in the project.

#### Acting Executive Director

*Steven Saxe reported:*

- Acknowledged Grant Chester, Tim Fuller, Cathy Williams and Lisa Salmi in their efforts during the recent flood emergency.
- 2007 legislation formed the Health Care Associated Infections Advisory Committee that will provide recommendations to the Department of Health on carrying out its responsibilities under the new law related to data collection and reporting of hospital acquired infections. The committee's first meeting is scheduled for later this month.
- Mr. Saxe presented at the Citizen's Advocacy Center (CAC) conference in October on patient safety and adverse events.

#### Board Member

*Vandana Slatter reported:*

- Acknowledge the presentations made by department of health staff and the diversity of the participants and their organizations at the CAC conference. Topics included how we communicate with the public; and how we work in collaboration with other boards.
- Dr. Slatter was unable to attend the recent Investigators' meeting due to illness and asked to attend the next quarterly meeting.

*Rosemarie Duffy reported:*

- Attended the emergency preparedness exercise in Spokane. The exercise simulated an emergency situation where salmonella was found to be in the water. The coordination of participants [(Federal Bureau of Investigations (FBI), Centers for Disease Control (CDC), and the Department of Health (DOH)] was impressive.

*Dan Connolly reported:*

- Attended two PH:ARM meetings. The program is operating in twenty-six Group Health Cooperative facilities collecting approximately 1,100 pounds of take-back medications per month. Bartell's retail program is projected to begin in January.
- Attended the CAC – great opportunity to discuss issues facing boards of other states.

*Susan Teil-Boyer reported:*

- Attended the American Society of Health- Systems Pharmacists mid-year clinical meeting. Ms Boyer acknowledged the past eight years on the board and urged the board to appointment a new pharmacist member with hospital practice.

*Rebecca Hille reported:*

- Participating on the Uniform Disciplinary Act Task Force – will be attend the next meeting via conference call.
- Shared letter from the Secretary of Health, Mary Selecky thanking the board for continued roll in protecting patient safety and adoption of sexual misconduct rules and sanction guidelines.

#### Attorney General

*Joyce Roper reported:*

- Draft bill proposing that executive sessions, under the Open Public Meetings Act, be recorded. Taped will be available for the judge to review if persons file a legal challenge questioning the appropriateness of the executive session under the Open Public Meetings Act.
- Filed appeal of preliminary injunction in the Storman's lawsuit on Monday. A motion will be filed to stay the preliminary injunction and underlying proceeding while the court decision is pending.

#### Chief Investigators

*Grant Chester reported:*

- Stan Jeppesen and Dick Morrison have been working with federal Drug Enforcement Agency, Department of Health and Human Services and the FBI on investigations.
- Tyler Varnum attended the Reid Basic Interview Course as preparation for performing investigations.
- Quarterly Investigators' meeting held on December 4 and 5<sup>th</sup>.
- Recruiting for a full-time and a part-time investigator.
- Dick Morrison presenting at University of Washington, School of Pharmacy – pharmacy law review.

#### Pharmacist Consultants

*Tim Fuller reported:*

- Acknowledged Rosemarie Duffy's performance during the Washington State Bioterrorism Exercise (WASABE) drill in Spokane.
- Attended a methadone summit at the Evergreen Treatment Center addressing patient care in an emergency situation.

*Cathy Williams reported:*

- Involved with the Washington Patient Safety Coalition – Statewide promotional campaign to promote patients keeping track of their medications

#### Program Manager

*Doreen Beebe reported:*

- Board member appointments – 13 applications received for professional member, and 3 for public member appointments. A review of the qualifications for appointment confirmed that since the Chair has not served two 4-year terms, Rebecca Hille is eligible for reappointment and has submitted an application.
- Will conduct interviews for board support position in January.

## **DISCUSSION**

Dispensing Error Committee Goal/Mission. Investigator Grace Cheung provided the board with an update on the group meeting to discuss development of appropriate sanction guidelines for dispensing errors. The group has expanded its original goal, as she understood it, to include continuing quality improvement programs. Although both issues are important and need to be explored, Ms. Cheung requested that the board split the projects into two groups allowing her to focus on developing sanction guidelines for the board's consideration. Kristi Weeks and Ms. Cheung will review the last two or three years of dispensing error cases to examine the data for assistance in developing the guidelines.

**MOTION:** Susan Teil-Boyer moved that the board appoint Kristi Weeks, Grace Cheung and Grant Chester to gather data and develop guidelines for disciplinary sanctions in dispensing error cases. Rosemarie Duffy second. **MOTION CARRIED.** 6-0

**MOTION:** Susan Teil-Boyer moved that the board form a group lead by Dan Connolly with participation from the Washington State Pharmacy Association and other stakeholders to develop continuing quality improvement standards. The group will present to the board in 3 months. Vandana Slatter second. **MOTION CARRIED.** 6-0

Review of Health Professions Quality Assurance Procedure 212 Imminent Harm. The Board reviewed the revised procedure that is used to identify and evaluate those complaints that pose a serious threat to public health and safety and to ensure that the complaints are handled in a timely manner. The board made no changes to the criteria listed in the procedure. **MOTION:** Rosemarie Duffy moved that the board approve the procedure as presented and require that a Reviewing Board Member be involved at the initiation of the Expedited Case Management Team. Susan Teil-Boyer second. **MOTION CARRIED.** 6-0

Northwest Health System Pharmacy Request to Increase the Pharmacist to Pharmacy Technician Ratio. At the October meeting the board requested staff to gather information on how other states establish pharmacist to pharmacy technician ratios. Cathy Williams distributed articles highlighting the key issues pharmacies face today including the shortage of pharmacists. She referred to data from the National Association of Boards of Pharmacy showing that eighteen states have no ratio; many have a 1 to 4 ratio. The national trend seems to lean toward eliminating ratio standards or establishing less restrictive standards.

John Prete presented an overview of the pharmacy services provided by Northwest Health Systems to residential/institutional care facilities – assisted living facilities, boarding homes, supported living facilities for developmentally disabled adults, etc. Mr. Prete explained that these facilities differ from nursing homes in that most do not have clinical staff on-site. All institutional care facilities serviced by Northwest Health Systems have 24-hour care giver. Clinical questions are most often direct to the pharmacist. There are approximately 320 residential care facilities in Spokane representing up to 800 patients.

Mr. Prete stated that an increase in technical support staff will not cause pharmacists to do anything differently; it would only provide more opportunity to do what we are mandated to do.

**MOTION:** Rosemarie Duffy moved that the board grant conditional approval for a pilot project once Northwest Health System submits a proposal for review and approval to Pharmacist Consultant Tim Fuller. The proposal must include how the facility plans to measure the effectiveness of the increased

ratio on improving patient care. The standard ratio is increase to one pharmacist to four pharmacy technicians. The pilot will begin at the time of implementation – hiring of additional pharmacy technicians. Northwest Health Systems will report back in 6 months from implementation. Vandana Slatter second. **MOTION CARRIED.** 5-1 George Roe opposed.

King County Community Healthcare Center Requests to Expand Telepharmacy Services. Tim Fuller reminded the board that King County Community Healthcare Center (KCCHC) presented its proposal for telepharmacy services earlier this year. The board approved services at the SeaTac location supported by the pharmacy in Kent. David Rose presented KCCHC's proposal to provide the same services to clinics in Renton, Eastside, Bothell/Kenmore and Federal Way.

Mr. Rose explained the telepharmacy service provides KCCHC access to their patients and patients' access to their program. Fifty percent of the patients pay on a sliding scale based on income. The clinics are federally funded and qualify as 340B clinics.

- No scheduled drugs are dispensed from the telepharmacy locations.
- The Kent pharmacy staffs three pharmacist and eight technicians.
- Medications are verified through webcam technology.

**MOTION:** Dan Connolly moved that the board approve the expanded protocol for King County Community Healthcare Center's telepharmacy services. Rosemarie Duffy second. **MOTION CARRIED.** 5-1 George Roe opposed.

Proposed Legislation (Information only). Suellen Mele of the Washington Citizens for Resource Conservation and Cheri Grasso of Local Hazardous Waste Management Program (King County) updated the board on the Pharmaceutical Household A Return Mechanism (PH:ARM) pilot project and discussed the 2008 proposed legislation that addresses the issue of proper disposal of unwanted household medications.

Current Washington pilot is funded exclusively by grants. The PH:ARM program looked at the program in British Columbia which has been operational for over 10 years – over 850 pharmacies provide collection sites. Program funding is mandated and paid by the pharmaceutical industry.

Representative Dawn Morrell is the prime sponsor of a bill to establish a free, convenient and safe return program for expired and unwanted medications from households. The program will be available to residents, hospice services, nursing and boarding homes, schools and kennels. By January 1, 2010 drug companies/brand owners will establish and pay for a product stewardship program for the collection transportation and disposal of the medications. The Board of Pharmacy will review program policies, oversight and enforcement of the program.

## **EXECUTIVE SESSION**

The Board adjourned at 12:30 p.m. for Executive Session to discuss personnel issues and pending litigation. The Board reconvened at 1:08 p.m.

## **DISCUSSION Cont'd**

Petition for Rulemaking. With assistance from Steve Sarich, John Worthington clarified his intent to file a petition to amend administrative rules to reschedule medical and industrial marijuana with the Board of Pharmacy and the petition for declaratory order to the Department of Health. Joyce Roper explained the procedures and timelines involved with each process.



#### Highlights of presentation given by Mr. Worthington and Mr. Sarich

- Current schedule for marijuana is inconsistent with Washington medical marijuana laws.
- Medicinal value of marijuana.
- States have legal authority for rescheduling.
- Prevent the practice of law enforcement to act against medical marijuana patients. State law enforcement agencies enforce federal drug laws by arresting and confiscating patient's marijuana to ensure access to federal grant moneys.
- Usable medication varies from plant to plant – variation due often to patients' ability to care for the plant.
- States have rescheduled marijuana – some of these states have medical marijuana laws and others do not.
- Rescheduling marijuana will not change how physicians order medical marijuana. The federal Drug Enforcement Administration prohibits the issuance of a prescription.

Ms. Roper briefed the board on the department's rule activities to define what constitutes a sixty-day supply of medical marijuana and prepare a report to the legislature on the options for an authorized medical marijuana patient to obtain medical marijuana. She went on to read the board's authority to change schedules of controlled substances and in making a determination, what the board must consider under the Uniformed Controlled Substance Act (RCW 64.50.210). **MOTION:** Vandana Slatter moved that the Board initiate rulemaking to examine the scheduling of medical marijuana. Susan Teil-Boyer second. **MOTION FAILED.** 2-4 Vandana Slatter and Susan Teil-Boyer supported – George Roe, Gary Harris, Rosemarie Duff and Dan Connolly opposed.

The board summarized that it finds sufficient questions exist about the safety of medical marijuana, given its variability in strength, lack of standardization, and uncertainty about dosing, that it lacks accepted safety for use in treatment under medical supervision, particularly in its current method of distribution or acquisition. The board determines marijuana is appropriately substance for Schedule 1 controlled substance.

Department of Corrections Central-Fill Pharmacy. Andre Rossi, of the Department of Corrections presented a proposal to establish a central location for dispensing prescriptions. The central dispensing pharmacy will be setup similar to a mail-order pharmacy utilizing United Parcel Services for delivery to onsite pharmacy. Other DOC pharmacy sites will act as satellite locations with pharmacist focusing on clinical care for patients/inmates – reviewing patient charts/profiles, contacting prescribers and dispensing stat medications.

- All time sensitive medications will be dispensed from the satellite pharmacy.
- Counseling is done by the prescriber and written pharmaceutical instructions are provided at the time the medication is administered/distributed.
- Every pharmacy within the system will access the same database regardless of the location of the patient.
- The location of the central-fill pharmacy has not been determined, but will likely be in the I-5 corridor.
- Central-fill staffing model includes 3 to 4 pharmacists, 8 to 9 pharmacy technicians and 2 pharmacy assistants.
- Currently process 500,000 prescriptions per year (16 prisons).
- Delivery system has not been finalized must have defined procedure for security.

**MOTION:** Rosemarie Duffy moved that the board approve the Department of Corrections' proposal to establish a centralized pharmacy filling system with a secure delivery system. George Roe second. **MOTION CARRIED.** 6-0.

Imposition of fines as a sanction in disciplinary proceedings. The Board was seeking legal advice regarding its legislative authority to issued fines as a sanction in disciplinary proceedings against business entities (e.g. pharmacies, wholesalers, etc.).

Joyce Roper explained that the board does not have the authority to impose a fine; however, as part of the settlement negotiations, if agreed, a fine can be issued. The statutes that address penalties for non-resident pharmacies and shopkeepers allow the board to impose fines as sanctions in disciplinary proceedings.

Gary Harris stated that a broader scope of sanctions, similar to those in the Uniform Disciplinary Act, would provide a mechanism to impose sanctions other than suspension or revocation of a business entity's pharmaceutical license. **MOTION:** Gary Harris moved that the board submit a request to the department of health for agency request legislation for 2009 proposing broader range of sanctions for business entities credential by the Board of Pharmacy. Rosemarie Duffy second. **MOTION CARRIED.** 6-0

Delegation of Authority to Health Law Judge. A deficiency noted in the performance audit reported concerns in the time delay from the entry of a *Notice of Default* (failure to respond) and the *Final Order of Default*. Supervising Staff Attorney Kristi Weeks presented a proposal to the board to consider delegating the authority to sign Final Orders to a Health Law Judge. She explained this will expedite the process keeping it within 10 days. This delegation does not affect the board's decision making on the sanctions imposed in the order. The Reviewing Board Member will continue to make the recommendations. **MOTION:** Rosemarie Duffy moved that the board delegate the authority to sign Final Order of Default in writing to a Health Law Judge. Gary Harris second. **MOTION CARRIED.** 6-0

Election of Officers. **MOTION:** George Roe moved to re-elect Rebecca Hille as Board Chair and Gary Harris as Vice-Chair. Vandana Slatter second. **MOTION CARRIED.** 6-0

Correspondence. The Board review correspondence received, drafted, or articles of interest regarding pharmacy practice. Information only.

- Department of Health and Human Services – Study re: Patients receiving new medication information.
- Letter to President Bush re: electronic prescribing of controlled substances.
- Federal Drug Enforcement Agency allows multiple C-II prescriptions.

Rules Workshop. Doreen Beebe and Tim Fuller updated the board on current rule activities and status of rule priorities.

## **OPEN FORUM.**

Doug Beeman, Board Liaison for Group Health Cooperative Administration will be retiring at the end of next week after 34+ years. Jim Ramsey, Mr. Beeman's successor, will attend the next meeting.

Questions:

- *During a power outage, is it legal to handwrite a prescription label?* Yes, in ink.

- *Impaired patient contacts the pharmacist is it OK not to dispense? Contact prescriber. You must be careful that you are not drawing judgments about the individual. There person may only appear to be impaired and other issues may be present. Pharmacist must use professional judgment – based on individual circumstances.*
- *Is a Pharmacist's license at risk if working in a licensed medical clinic preparing medication for administration (not dispensing)? Is there a requirement for a pharmacy license? A pharmacy license is not required. Pharmacists retain their professional responsibilities and ability to practice regardless of where they work.*

Board Chair Rebecca Hille acknowledged Doug Beeman for his valued input and loyal attendance.

### **PRESENTATION OF AGREED ORDERS**

#### **Business Meeting Adjourned**

There being no further business, the Board adjourned at 4:30 p.m. The Board of Pharmacy will meet again on January 24, 2008 in Kent, Washington.

*Respectfully Submitted by:*

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*Doreen Beebe, Program Manager*

*Approved on January 24, 2008*

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*Rebecca Hille, Chair  
Washington State Board of Pharmacy*